

As a below named inventor, I/we hereby declare that:

My/our residence, post office address and citizenship are as stated below next to my/our name. I/we believe I am/we are the original, first and sole/joint inventor/s of the subject matter which is claimed and for which a patent is sought on the invention entitled

METHYLTHIOPHENE CARBOXANILIDES

the specification of which is attached hereto,

or was filed on **April 15, 2003**

as a PCT Application Serial No. **PCT/EP03/03894**

I/we hereby state that I/we have reviewed and understand the contents of the above-identified specification, including the claims.

I/we acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

I/we hereby claim priority benefits under Title 35, United States Code, §119 and § 119(e)(1) of any foreign and/or U.S. provisional application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

102 18 231.0
(Number)

Germany
(Country)

April 24, 2002
(Month/Day/Year Filed)

I/we hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I/we acknowledge the duty to disclose the material information as defined in Title 37, Code of Federal Regulations, §1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)

(Filing Date)

(Status)

(patented, pending, abandoned)

(Application Serial No.)

(Filing Date)

(Status)

(patented, pending, abandoned)

I/we hereby declare that all statements made herein of my/our own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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I hereby appoint:

- Practitioners associated with the Customer Number: 34469

as my/our attorney(s) or agent(s) to prosecute the application identified and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

- The address associated with the above-mentioned Customer Number.

1 - 00	FULL NAME OF SOLE OR FIRST INVENTOR <u>Ralf Dunkel</u>	INVENTOR'S SIGNATURE <i>Ralf Dunkel</i>	DATE <u>2004-10-14</u>
	RESIDENCE <u>D 40789 Monheim, Germany DEX</u>	CITIZENSHIP <u>German</u>	
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2 - 00	FULL NAME OF SECOND INVENTOR <u>Heiko Rieck</u>	INVENTOR'S SIGNATURE <i>Heiko Rieck</i>	DATE <u>2004-11-08</u>
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3 - 00	FULL NAME OF THIRD INVENTOR <u>Hans-Ludwig Elbe</u>	INVENTOR'S SIGNATURE <i>Hans-Ludwig Elbe</i>	DATE <u>2004-10-19</u>
	RESIDENCE <u>D 42329 Wuppertal, Germany DEX</u>	CITIZENSHIP <u>German</u>	
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4 - 00	FULL NAME OF FOURTH INVENTOR <u>Ulrike Wachendorff-Neumann</u>	INVENTOR'S SIGNATURE <i>Ulrike Wachendorff-Neumann</i>	DATE <u>2004-10-18</u>
	RESIDENCE <u>D 56566 Neuwied, Germany DEX</u>	CITIZENSHIP <u>German</u>	
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5 - 00	FULL NAME OF FIFTH INVENTOR <u>Astrid Mauler-Machnik</u>	INVENTOR'S SIGNATURE <i>Astrid Mauler-Machnik</i>	DATE <u>2004-10-25</u>
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6 - 00	FULL NAME OF SIXTH INVENTOR <u>Karl-Heinz Kuck</u>	INVENTOR'S SIGNATURE <i>Karl-Heinz Kuck</i>	DATE <u>18-10-04</u>
	RESIDENCE <u>D 40764 Langenfeld, Germany DEX</u>	CITIZENSHIP <u>German</u>	
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	FULL NAME OF SEVENTH INVENTOR	INVENTOR'S SIGNATURE	DATE
	RESIDENCE	CITIZENSHIP	
	POST OFFICE ADDRESS		